

NOTICE OF INTENT

TO COMPLY WITH THE TERMS OF THE  
GENERAL PERMIT TO DISCHARGE STORM WATER  
ASSOCIATED WITH INDUSTRIAL ACTIVITY (WQ ORDER No. 97-03-DWQ)  
(Excluding Construction Activities)

SECTION I. NOI STATUS (please check only one box)

A. <input type="checkbox"/> New Permittee	B. <input type="checkbox"/> Change of Information	WDID # <input type="text"/>
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SECTION II. FACILITY OPERATOR INFORMATION (See instructions)

A. NAME: <input type="text"/>		Phone: <input type="text"/>
Mailing Address: <input type="text"/>		
City: <input type="text"/>	State: <input type="text"/>	Zip Code: <input type="text"/>
Contact Person: <input type="text"/>		
B. OPERATOR TYPE: (check one) 1. <input type="checkbox"/> Private 2. <input type="checkbox"/> City 3. <input type="checkbox"/> County 4. <input type="checkbox"/> State 5. <input type="checkbox"/> Federal 6. <input type="checkbox"/> Special District 7. <input type="checkbox"/> Gov. Combo		

SECTION III. FACILITY SITE INFORMATION

A. FACILITY NAME <input type="text"/>		Phone: <input type="text"/>
Facility Location: <input type="text"/>		County: <input type="text"/>
City: <input type="text"/>	State: <input type="text"/>	Zip Code: <input type="text"/>
B. MAILING ADDRESS: <input type="text"/>		
City: <input type="text"/>		State: <input type="text"/>
Contact Person: <input type="text"/>		Zip Code: <input type="text"/>
C. FACILITY INFORMATION (check one) Total Size of Site: Acres <input type="text"/> Sq. Ft. <input type="text"/>		Percent of Site Impervious (including rooftops) <input type="text"/> %
D. SIC CODE(S) OF REGULATED ACTIVITY: E. REGULATED ACTIVITY (describe each SIC code):		
1. <input type="text"/> <input type="text"/>		
2. <input type="text"/> <input type="text"/>		
3. <input type="text"/> <input type="text"/>		

FOR STATE USE ONLY:

<input type="checkbox"/> Facility Operator Mailing Address (Section II)	<input type="checkbox"/> Facility Mailing Address (Section III, B.)	<input type="checkbox"/> Both
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[illegible]

Your facility's storm water discharges flow: (check one)      ☐ Directly      OR      ☐ Indirectly to waters of the United States.

Name of receiving water: \_\_\_\_\_  
(river, lake, stream, ocean, etc.)

<p><b>A. STORM WATER POLLUTION PREVENTION PLAN (SWPPP) (<i>check one</i>)</b></p> <p><input type="checkbox"/> A SWPPP has been prepared for this facility and is available for review.</p> <p><input type="checkbox"/> A SWPPP will be prepared and ready for review by (enter date): ____/____/____.</p>	
<p><b>B. MONITORING PROGRAM (check one)</b></p> <p><input type="checkbox"/> A Monitoring Program has been prepared for this facility and is available for review.</p> <p><input type="checkbox"/> A Monitoring Program will be prepared and ready for review by (enter date): ____/____/____.</p>	
<p><b>C. PERMIT COMPLIANCE RESPONSIBILITY</b></p> <p>Has a person been assigned responsibility for:</p> <p>1. Inspecting the facility throughout the year to identify any potential pollution problems? ..... <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>2. Collecting storm water samples and having them analyzed? ..... <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>3. Preparing and submitting an annual report by July 1 of each year? ..... <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>4. Eliminating discharges other than storm water (<i>such as equipment or vehicle wash-water</i>) into the storm drain? ..... <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	

A. WASTE DISCHARGE REQUIREMENT ORDER NUMBER:        B. NPDES PERMIT CA       

I HAVE ENCLOSED A SITE MAP	YES[ ]	A new NOI submitted without a site map will be rejected.
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"I certify under penalty of law that this document and all attachments were prepared under my direction and supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. In addition, I certify that the provisions of the permit, including the development and implementation of a Storm Water Pollution Prevention Plan and a Monitoring Program Plan, will be complied with."

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Title: \_\_\_\_\_

